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MR. SKEY'S LECTURE ON THE PRINCIPLES OF TREATING DISEASE.

[Concluded from page 327.]

HAVING considered the principles of practice which are so immediately founded on a knowledge of the principles of life, I come to the subject of *treatment*, or the application of remedies. Now without dilating on their various classes, whether medical or manipulative—whether direct or indirect—whether local or general, I conceive that next to the knowledge of their mode of application, the most important rule I can insist on, with certain limitations, is *the necessity of their being restricted to a degree of activity inferior to that of the disease they are intended to control*. This I believe to be an important principle of treatment, which I can best illustrate by example. A man rises in a morning after healthy sleep, his intellect clear and vigorous, with the circulation in his brain light and free, *because* during sleep his brain has been subject to a fuller access of blood, by which his mental faculties have been temporarily superseded.

The return of the circulation to a part of the body that has been exposed to excessive cold, is succeeded by a degree of heat above the surrounding temperature, and productive of a tingling pain. On the same principle we are told that a warm bath is the best protection against the intensity of summer heat. These I may call phenomena of health. The same holds with regard to disease. Headache and throbbing are frequent consequences on fainting, in which the brain sustains a temporary loss of its circulation, and this, whether from loss of blood, or from a shock to the nervous system, producing the same result.

If you arrest any unhealthy secretion by a too powerful stimulant, the secretion returns in quantity proportionate to the activity of the means employed.

The means usually resorted to in the acute stage of gonorrhœa to suspend the discharge, most frequently increase the disease.

If you employ moderate pressure on the surface of healthy granulations, you increase their energy and promote their growth. Small doses of aperient medicines, taken at certain intervals, will tend to constipate the bowels. In like manner stimulants, whether medical or moral, are succeeded by depression proportionate to the activity of the means employed.

All this is explained on *the principles of re-action*,—a principle so important and so universal as to influence our treatment of almost every disease.

For the purpose of maintaining growth, and of affording nutrition to every part of the body, of invigorating it by adding new materials to its

structure, and of removing those which are superfluous or old, and consequently useless, nature has established the circulation of the blood. But for the purpose of controlling its irregularities, she has placed it under the superintendence of what is termed the nervous system, connected immediately with the brain or spinal marrow. These two agents, then, concur in the production of almost every description of disease. We cannot except from this law even the diseases of the circulation itself, which owe their origin to a defective state of the nervous system. How far we may give to the nervous system an independent authority in the production of what are termed neuralgic pains, I shall not now stop to inquire; there exists a difference of opinion on this subject; but we must consider those two phenomena as intimately, and almost indissolubly, connected in the performance of the various functions of life; if the circulating system be in immediate dependence on the nervous, in accomplishing the design of its creation, in no less a degree is the nervous tributary to that of the circulation, for its force and energy.

The term "irritation" expresses a local disturbance of the nervous system, which is generally followed by a corresponding derangement in the circulating system, and inflammation is the result. If the irritation subside, the vessels resume their natural condition. Now I may define *re-action* to be the rebound of the nervous system after the application of any means that have tended to excite or depress it.

Let us imagine that nature has provided this system with great dormant power, beyond the necessities of the daily functions of life, which is only called into action on great emergencies, and we shall see why this rebound exceeds considerably in degree the condition in which it was first found.

What is the explanation then of the various phenomena I have alluded to? Exposure to the cold produces contraction of the vessels, by depressing their nervous system; the cause being removed, the vessels do not return to their former condition of healthy action, but are stimulated by the unhealthy rebound of the nervous system to undue action, in which the nerves themselves participate.

The warm bath, by promoting the cutaneous exhalation, and raising the temperature of the surface, excites the circulation, which by the same rebound maintains a lower temperature throughout the day.

Fainting produces headache, by the re-action of the vessels of the brain, consequent on inanition. The application of a powerful stimulus to a secreting surface, excites the vessels to contraction, through the medium of their nervous system; this condition remains until they recover from the shock, when they pour forth their contents, with a degree of violence far surpassing their former condition; here I am, of course, supposing the stimulus to be considerable.

The application of slight pressure to healthy granulations, promotes their growth by simple excitement, that of a foreign body. The pressure tends to diminish them, and their increased growth is the necessary consequence: if the excitement be too great, the granulation is absorbed; and this object, where the granulations are of an unhealthy character, is often most desirable. Small doses of aperient medicines exciting in too slight a degree action of the intestines, suspend their natural and healthy

functions by the same principle of re-action, and if renewed at comparatively short intervals, will suspend the action of the bowels entirely. The nervous system, in its moral sense, is subject to the same laws and is productive of the same consequences, whether in its normal or morbid condition. Excessive joy is invariably attended by painful depression and distress of mind, be the stimulus moral or physical. The mental anguish which overwhelms the drunkard, is not solely referable to the stings of conscience ; while the furious and intractable hallucinations of the maniac, gradually sinking into exhaustion, exhibit him melancholy in spirit and powerless as a child. To uphold the physical and moral frame, and to maintain it in the condition of the fulness of health, the circulating and nervous systems must possess a uniformity of action, and an identity of power. They rise and fall together ; they are indissolubly united. If you reduce the circulation by the abstraction of blood, to the same extent you lower the tone of the nervous system. How strikingly is the intimate and mutual dependence of the two systems manifested by the experience of every day ! How entirely does the energy of character sink under the wasting energies of the bodily frame. Observe the laboring man ! with limbs of giant mould, and the vigor of whose constitution and his endurance of pain appear to set at defiance the invasion of disease ; subject him to the consequences of repeated abstraction of blood, or lay him up for six weeks, contending against continued irritation from a compound fracture, and his energy of character is gone, his intolerance of bodily pain is converted into sensibility the most acute ; he becomes puerile, fretful, and suspicious. And will not in like manner the momentary blush of shame, or the rapid and irregular pulsation of the heart under the influence of fear, with equal force denote the dependence of the circulating on the nervous system ? This intimate dependence must ever be kept in view by the practitioner. It may serve to teach us, that however extensive may be that class of inflammatory disease which warrants the abstraction of blood from the circulation, we cannot exceed the quantity which the most judicious observation would point out, without committing a double wrong.

In proportion to the excess of force in the remedy employed, will be the consequent *re-action* ; may I not therefore with reason, insist on the importance of that law, which restricts the activity of our remedies, and which renders them efficient only when employed with a degree of force inferior to that of the disease they are destined to remove ?

With regard to the immediate subject of remedies, they are either internal or external, the latter being local or general. We may divide the internal remedies into those which give vigor or frequency to the circulation, and those which diminish its force. Now in the medical treatment of disease, doubtless the latter largely predominate : of these, the most efficient is that of bloodletting ; a remedy calculated to accomplish the greatest good, and susceptible of the greatest ill.

Unfortunately, perhaps, it is a remedy always at hand ; certainly it is employed with great effect, and often with great advantage, but that its agency is largely abused I have not the smallest doubt. There is no part of the treatment of disease which demands clearer perception and nicer discrimination, than the distinction between that condition of the

circulating system, which either fortels or is actually attendant on inflammation, and that which denotes the excitement of the same system from weakness. Of all parts of the body, there is none which possesses so strong a claim on the circulation of the blood as the brain. On the abstraction of any considerable quantity, the brain appears to yield to the general amount of loss, a less proportion than any other organ or part. If you bleed an animal to death, the vessels of the brain are found distended with blood; as though that organ presided over the body as the primum mobile of its action. Throbbing of the vessels of the brain, however violent, is *more frequently* an exhibition of irritation or weakness, than of inflammation, indicating that the balance of the circulation is suspended, and that the brain is asserting its claim to a too large proportion of the residue to be compatible with its just and healthy distribution. The abstraction of a large quantity of blood cannot be justified at the hands of the surgeon, excepting for the purpose of contending against positive inflammation. I have no idea of taking blood for the purpose of reducing the patient's pulse to a certain standard. I have no idea of taking blood to avert a possible, nay, even a probable attack of inflammation; nor is that practice in any degree more warrantable, that would extensively reduce the circulating fluid, to the end of diminishing the force of muscular contraction. Unless the nervous system be cognizant of disease, you cannot take blood with impunity; and the same quantity of blood that might be advantageously drawn, under real and positive inflammation, might be fatally drawn without it. Nor is this principle exhibited only in reference to the abstraction of blood, but it appertains, with the same force, to any operation for the removal of a disease, of which, as I have before expressed it, the nervous system is not cognizant. These observations will, I apprehend, be found most especially to apply to patients of what are called an excitable nervous system, and to females of marriageable life. I will give you an example: during my residence in Paris in the year 1822, I witnessed an operation by Baron Dupuytren, for the removal of one of the toes of a young woman, not from disease, observe, but because its position was such with regard to its neighbor, as to impair the symmetry of her foot. She suffered severely during the operation; inflammation did not succeed to an extensive degree, but she died, apparently from the shock her nervous system had sustained. Within a few weeks of her death, a second case occurred precisely similar in all its important particulars; after being at the verge of the grave for many days, this girl subsequently but slowly recovered.

I remember to have witnessed an operation for the removal of an innocent tumor from the shoulder of a young and susceptible woman, who, like the preceding, suffered greatly during its performance. There was something about her constitution that assured me there was danger attendant upon it. She died within three weeks of the operation, without the occurrence of any considerable degree of inflammation to which to refer it.

I remember another patient, a female, who died after the slight operation of removing a diseased bursa from the surface of the patella. Now in none of these cases was there any pain, and little inconvenience. All these persons were in rude health, and the rude health destroyed them,

because their nervous system sustained a shock for which it was totally unprepared.

Another observation on the general subject of remedies, is that of their peculiar action on different constitutions. Mr. Abernethy was accustomed to say, "All medicine is an experiment; what agrees with one man may not agree with another." We are all acquainted with the existence of certain idiosyncrasies, as they are called. Some persons are severely salivated by a single grain of mercury, others are overwhelmed by small quantities of laudanum; and the repugnance to ipecacuanha is quite remarkable in some constitutions. I am myself acquainted with the wife of a medical man, who experiences a most distressing sensation whenever the stopper is removed from the bottle of that drug, even in another room. All this tends to enforce the importance of the maxim I have endeavored to insist on—namely, the *importance of restricting the quantity of the remedy applied.* \* \* \* \* \*

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#### USE OF CREOSOTE

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. — had been troubled more than two years with an obstinate cough, verging towards consumption. She had taken a great deal of medicine from three physicians, without the least benefit. She applied to me, and after trying all the medicine usually administered in such cases, without so much as giving temporary relief, I gave her up in despair. Four weeks after this, I happened to meet her, and she being very anxious to obtain relief if possible, urged me to make another trial. I simply gave her 10 drops of creosote in 3i. water, and ordered 20 drops to be taken every eighth hour in a glass of sweetened water. I saw no more of her for five weeks, when, to my astonishment, she told me her cough was entirely cured, and her health in other respects very much improved.

I make this communication merely with a view of calling the attention of physicians to the new article (creosote), that they may test its virtues and see if repeated trials will give similar results. J.

January, 1836.

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#### DR. HEYWOOD'S FINAL ANSWER TO DR. WORKMAN.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—From a paragraph in your Journal of the 13th instant, I notice that you presume the correspondence between Dr. Workman and myself is closed. I have quite as little time or inclination to further protract the discussion in this manner, as you to publish it. His last communication is so replete with gross misrepresentations and false coloring, that to attempt an answer would extend the paper altogether beyond the limits of your Journal, even if you were induced to publish it. I shall therefore briefly state, that all the essential particulars in my former communication can be substantiated by testimony sufficient to establish them in

any court of justice, and that if I failed to furnish sufficient data to warrant the inference that the arm (or, lest he might cavil or mistake that word, I will say humerus) was not broken, I now state distinctly and unequivocally that it was not, and that the Doctor's lucubrations about the slipping forward of the "bone upon the head" are "all in his eye," and on a par with the anatomical knowledge he has displayed in supposing that the boy, or any one else, can elevate the arm above the head "without at the same time inclining the body to the opposite side or raising the scapula with it." With this statement, I shall take leave of the Doctor, premising that if he wishes to write himself into notice he must choose some one to answer him who has as much leisure time as himself.

If he wishes a copy of Drs. Woodward and Chandler's certificates for publication, they are quite at his service whenever he may call for them.

By giving the foregoing an insertion, you will

Oblige yours, &c.

B. F. HEYWOOD.

*Worcester, January 19, 1836.*

#### HOUSE OF CORRECTION HOSPITAL.

WE have availed ourselves of the permission of the Directors of this excellently well managed Institution, to present a synopsis of the annual report of the physician, Dr. J. B. Flint, with reference to placing on a permanent record, a statistical account of the medical business of the several public establishments in Boston.

Herewith I transmit a return of the prisoners who have been under treatment in the hospitals of the institution during the semi-annual period terminating on the 31st of December. In the course of that time nothing has been observed, in the medical department, to require a dilated report at the present time. There has been no epidemic nor contagious disease in the place, and but few cases of severe or unmanageable sickness of any kind. There are no local influences, nor any form of labor or discipline to which the subjects are consigned, so far as I have observed, which are unfavorable to health—on the contrary, it will appear that there is less illness among the prisoners of this institution, than occurs in the same number of persons in the community at large, to say nothing of the predisposition to it, which cannot but result from the previous habits and consequent constitutional deterioration of a large portion of the convicts. I was apprehensive that we should find an exception to the above remark, in the foundry which was put in operation a few months since—that the metallic fumes would be inhaled by the workmen, and either occasion affections of the lungs by their irritating action on the bronchial membrane, or induce some remote and constitutional disease, by the absorption of poisonous particles. But no such ill effects have, as yet, been observed; and it is a circumstance worthy of remark, and one which has agreeably disappointed my expectations, that while each of the three principal trades carried on by the men in that place is among those which are regarded as peculiarly conducive to grave pulmonary disease, we have had, in the last six months, but two cases of hæmoptysis, and but one of pulmonary inflammation of fatal character.

The condition of persons affected with mental derangement or imbecility, who are confined in the House of Correction, is most unsatisfactory, whether viewed in regard to policy or philanthropy. Most of them are not subjects of medical treatment, having already been subjected to all the approved methods of restoration of that kind without effect, and are sent to us confirmed lunatics or idiots. We have no arrangements for the application of those moral and disciplinary measures, which are frequently employed with success in the most unpromising cases, in establishments expressly designed and fitted for that purpose, and even the mere restraint necessary to prevent their harming themselves or others, can hardly be applied without a great sacrifice of the order, tranquillity, and productive labor of the House.

Might not the furious madman, if not receivable at the Asylum, be better accommodated in some of the many vacant apartments of the county jail? and would not the idiots who are incapable of crime, be more suitably provided for in the almshouse?

There has been *one death* and *one birth* in the Institution in the course of the last six months.

The following are the diseases which have been treated during the time specified, with the number of patients with each disease. Pleuralgia, 2; fever, 1; disorder of bowels, 13; chronic hepatitis, 1; lumbago, 1; amenorrhœa, 1; syphilis, 7; gastritis, 1; injury of head, 5; scrofula, 2; injury of knee-joint, 1; rheumatism, 8; injury of foot, 4; intemperance, 2; disorder of stomach and bowels, 2; inflammation of eye, 3; febrile attack, 1; fractured ribs, 1; abscess, 2; fever and pneumonia, 1; piles, 4; headache, 1; intemperance and ulcers, 1; earache, 2; worms, 2; injury of eye, 7; inflammation of lungs, 1; dysmenorrhœa, 4; cholera morbus, 1; diarrhœa, 8; dysuria, &c. 1; phlegmon in face, 1; inflammation of bowels, 1; disorder of stomach, 7; hepatitis, 1; dysentery, 11; cold, 7; cough, 8; injury of leg, 2; burn, 1; wound, 1; entropion, 1; injury of finger, 2; ulcer, 2; abscess on hand, 1; chronic diarrhœa, 1; injury of toe, 1; bruised, 2; colic, 1; hæmoptysis, 2; sprain, 1; rheumatism and menorrhagia, 1; sprain of back, 1; ozena, 1; phthisis, 1; gonorrhœa, 1; bronchitis, 1; hepatitis and rheumatism, 1; inflammation mastoid cells, 1; inverted toenail, 1; chronic dysentery, 2; pleurisy, 2; wound in side, 1; wound of ankle, 1; ulcer on head, 1; wound and chronic bronchitis, 1; carbuncle, 1; fistula lachrymalis, 1; symptoms of fever, 1; disease in chest, 2; ulcer on leg, 1; nimosis, 1; menorrhagia, 1; boil, 1; pneumonia, 1; intermittent fever, 1; general indisposition from drink, 1. Total, 174.

*Boston, January 1st, 1835.*

#### REMARKS ON RE-UNION OF DIVIDED PARTS.

[Communicated for the Boston Medical and Surgical Journal.]

MANY cases are detailed of re-union of parts completely separated, and the authority is such that we are bound to give credence to many of these statements; still we are inclined to think that there is no positive cer-



tainty of the desired effect in all cases. We should not, therefore, be positive in promising a re-union under circumstances apparently the most favorable. I shall relate two or three cases which have a connection with this subject.

The ball of the index finger of one of my own hands was separated from the finger, with the exception of the skin on one side, by a cutting instrument ;—a re-union readily took place.

In the year 1831 I dressed the finger of a negro boy which was cut by an axe in the cavity of the middle joint, and which had separated it, with the exception of a small portion of the skin of one side. A soft poultice had been applied for several days before I saw him, under the impression that it would either unite of itself or come off. When I removed the dressings, I found it distorted to nearly a right angle—there was no re-union, but flabby-looking granulations in the place of it. I washed the wound clean, straightened the finger, applied adhesive plasters and small splints, covered the whole with a roller, and directed it to remain unopened for some days. In two weeks perfect re-union had taken place, with no deformity. The joint was immoveable, of course, as the *flexor* and perhaps the *extensor* tendons were divided.\*

I will now add to this a case not so successful. Some time during the past year I was called to a negro boy, 4 or 5 years of age, who had accidentally, when at play with another, had two of his fingers separated, with the exception of a small filament of skin, by an axe. I arrived a short time, only, after the accident, and was very careful to place each finger in its proper situation, and to confine it by stitches and bandages ; and although every precaution was taken, no union was effected, and the fingers sloughed off.

A careful trial, however, should be made in *all cases*, to invite a re-union of divided parts, but I am of opinion that there is no certainty of that effect.

W. A. GILLESPIE.

*Louisa County, Va. Jan. 1836.*

#### BETA VERSUS MR. GRAHAM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I am not entirely satisfied, I must own, with the *manner* in which Mr. Graham defended himself against the charge of Utopian dreaming, preferred against him by Dr. Bell ; especially when it is quite obvious, from the character of the article on the "Vitality of the Blood," in your number of the 20th, that he is under no necessity of substituting declamation for argument. Still, with Mr. G., I am unable to see much that is indicative of merit in Dr. Bell's essay : and I am sorry that your amiable correspondent Beta should have left *his* element—for he obvi-

\* Some time in August last, as Dr. Warren, of this city, was walking from his door, a man stepped up with the finger of another person, which he remarked had just been cut off. The Doctor examined it a moment, and asked where the individual was from which it had been amputated? Leaving the finger with the Doctor, the man ran to find the owner, who seems to have been near by. Perceiving some remaining evidence of vitality, although so completely separated from the body, Dr. Warren replaced it in very exact contact with the stump, to which it soon united, and it has proved to be a pretty useful member ever since.—Ed.



ously has—to engage in a species of warfare to which he is far less adequate than to the daily routine of a useful medical practice; and above all that he should have stooped to the use of language which—to say the least—is no less objectionable than that of Mr. Graham.

Whether Mr. G. has or has not spent “twenty years” of his life in physiological researches, or whether he has examined every “nook or corner of the field,” I will not undertake to decide; for it is beyond my power. Justice, however—after having both examined Dr. Bell’s essay, and heard several courses of lectures from Mr. Graham, and also formed an acquaintance with him—compels me to say that no man, in my estimation—in this country at least—has given evidence of a more thorough knowledge of this subject than Mr. G.; and when I compare the “researches” of Dr. Bell with his, they seem, *in comparison*, the puny efforts of a child.

Your correspondent, Beta, regards Mr. Graham—though he acknowledges he knows nothing of him, except from the public prints—as “a fluent and sometimes eloquent lecturer,” but “superficial.” Now, to repeat what I have already said, your correspondent is sadly mistaken in regard to Mr. G.’s being superficial. Nothing is more certain than that he is exactly the reverse; and if there be a prominent error in his lecturing, it is that he is too profound and philosophic for even his more intelligent hearers. Nearly every one of his lectures consists of material enough for a dozen, at the least, were the subjects duly illustrated and explained. To a student in physiology—not, indeed, to a smatterer—there is scarcely a sentence in his lectures, that does not demand the most intense thinking. At any rate, no man whom I have seen, is farther removed from “castle-building or vision-seeing.”

As to his “brass,” I will only say that he is said to be naturally diffident, and in making an effort to overcome this, he may sometimes *appear*, to a stranger, to go to the opposite extreme. But another reason why he has sometimes been charged with “brass,” or rather with self-sufficiency, is his great simplicity. In his public addresses, no less than in ordinary conversation, he speaks, even of himself, with the simplicity of a child. He is, in short, at one and the same time, an original thinker, and a simple, plain, matter-of-fact man.

“Some of the most inveterate dyspeptics I have ever known,” says your correspondent, “have been such as have been the meek followers of Mr. Graham’s rules of living.” In this he is mistaken *in toto*. He does not know—and cannot, from any public prints which I have seen, unless it be from his “Lecture on Cholera”—what his rules of living are. I challenge him to produce a single case of a person who became a dyspeptic from following the rules laid down by Mr. G. in his popular lectures, or so far as those views are there developed, in his *Lecture on Cholera*, or that to *Young Men*. Such a case cannot be produced, either by Beta or any other person in the world.

I am not an enthusiastic supporter of Mr. Graham. By no means. Indeed, until I heard him, conversed with him, and examined his works, even Beta had not stronger prejudices. It is true, I had arrived at his principles, in the main, and had followed them in practice, for five or six years before; but having read the squibs in the public prints, I was

strongly prejudiced against the man himself. I need not repeat that these prejudices are now so far removed, that instead of a monster, I regard him as a man, and as deserving of the common treatment and common sympathy.

But I will not extend my remarks too far. Suffer me, however, to insert in this place, an article dated at Portland, Maine, July 22, 1834, signed by most of the respectable physicians of that place. I have accidentally found it within a few days, in the introductory part of a little volume published in New York, by Mr. Applegate, entitled "A Defence of the Graham System of Living." The same work contains an account of a meeting in Brunswick, Me. at which Gov. Dunlap presided, a committee of which, consisting of distinguished gentlemen of the medical and other professions, with Prof. Mussey at its head, adopted resolutions of similar import to those recently adopted at the meeting in Boston; but which I have not time to copy and send you at present.

"The undersigned, members of the Portland Medical Association, having attended Mr. Graham's lectures on the "Science of Human Life," are happy to concede that many of his most valuable doctrines are peculiarly his own, and, so far as we know, are not to be found in medical books, as has been asserted by many who have not attended his lectures. The assertion, therefore, that Mr. Graham's lectures are made up of materials already before the public, is, we believe, untrue.

We regard his system as embracing the very best interests of the human race; for we cannot doubt that if his doctrines in respect to diet and general regimen should be universally adopted, the cause of temperance and morality would be essentially promoted, and the physician's services rarely needed.

His anatomical and physiological illustrations are entirely correct, and his demonstrations of the sympathetic relations of the organs of organic vitality are intensely interesting.

J. Merrill, M.D. Thos. H. Merrill, M.D. B. D. Bartlett, M.D. Eliphalet Clark, M.D. Timothy Little, M.D. J. W. Mighels, M.D. Albus Rea, M.D. Luther Rogers, M.D. John Barret, M.D."

It will be seen by the foregoing, that if it were shown that I have become the dupe of Mr. G.'s pretensions, the enlightened physicians of Portland are dupes along with me; and also Prof. Mussey. I will only add that I have heard the author of one of the best works on Physiology—perhaps the very best—say that in conversation with Mr. Graham, some time ago, he derived from him very important information, and that he should rejoice to be able to converse with him constantly for a week.

*Boston, January 22.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 27, 1836.

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### BELL'S INVESTIGATION.\*

A VARIETY of papers, from week to week, have prevented us from giving an earlier notice of this production of Dr. Bell—a correspondent, whose unbounded industry in the collection of pathognomonic facts must have been long since observed in this Journal. Unfortunately for us, a part only of this Essay has been received—and however well pleased we may

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\* An Attempt to investigate some obscure and undecided Doctrines in relation to Smallpox, Varioid and Vaccination. By LUTHER V. BELL, M.D. Boston—Marsh, Capen & Lyon.

have been with the beginning, it is impossible to foretell with certainty the character of the remaining sheets. Judging, however, from the specimen before us, there is no risk in presuming that the whole will, when completed, be well received. After adverting to the importance of the study of varolous diseases, to the New England practitioner, the author proceeds to a general view of the ordinary phenomena of invasion, symptoms, and progress of natural smallpox, illustrated by personal observations on cases brought immediately under his own eye. Under this division of the subject, he speaks particularly of the time at which the disease is developed after exposure, varying from ten to seventeen days—the febrile action, peculiarity of the pains, &c. and ultimately asks the question, Is smallpox ever of a spontaneous origin? which he is evidently inclined to answer in the affirmative, his reasons being based on certain evidences detailed in the text.

With regard to the period at which the disease is manifested after exposure to infection, the following fact, from our own experience, shows that it may be extended much beyond the usual limits. In the winter of 1827, we took, from a small schooner, a sailor who had the exact symptoms of smallpox—and the next morning after he was landed at the quarantine ground, the eruption made its appearance. The master assured us that no person had been ill, in a voyage of thirty-six days from Fayal; but that just before sailing, a man called on board who was recovering from smallpox. What prevented the earlier development of the disease in this case?

Another division of the inquiry begins with this very perplexing interrogation—"To what extent is smallpox capable of being transferred by atmospheric conveyance, personal communication, &c.?" Here cases are also cited, explanatory of what Dr. Bell is satisfied will prove the limited extent, or rather circle, in which the contagion exerts an influence. He next proceeds to the consideration of the modification of smallpox by the vaccine disease, which has been the subject of a voluminous discussion, in by-gone days, in all countries where the science of medicine is cultivated. Nothing is advanced, in this division, more conclusive or pertinent than may be found in the Journals and books, both at home and abroad. If there is wasted labor discoverable any where, it is between the twenty-fourth and thirty-sixth pages, and again to the thirty-ninth, touching the "degree of the vaccine prophylaxis, where the vaccine virus is inserted after exposure to smallpox." The following occurs as a note:

"A very interesting case of smallpox in the *fetus in utero* occurred in my practice last spring at Candia. Mrs. R., advanced to the seventh month of pregnancy, was seized with smallpox, which assumed a severely confluent form. Notwithstanding a conjunction of severe moral and physical shocks (having lost her husband and eldest daughter during her own attack), abortion did not occur. Dr. Samuel Sargent, her ordinary attending physician, has lately informed me by letter, that at the expiration of her full term she was delivered of a healthy child, whose abdomen and thighs are marked with decided smallpox pittings, and which was insusceptible of the vaccine disease."

In the winter of 1828, if our memory serves us—the public record not being at hand—a woman was under our care with the distinct smallpox, who was in the last month of pregnancy, and the anxiety felt on that account was very considerable. She recovered, however, perfectly. It so happened that several members of her family contracted the disease at

the same time, and therefore occupied an apartment in the hospital. The day before this woman was to be discharged, one of her children, a daughter, 18 years old, died. The mother was greatly afflicted, and, in the midst of all, was taken with labor pains. That evening, fearing she might be confined in the hospital, she was removed to her own house, but was delivered before ten o'clock. Dr. George B. Doane, of this city, was the accoucheur—not having been fortunate, ourselves, in arriving in season, as requested by a messenger. The child was alive, well grown, a male, but died in a few minutes of a most *perfectly-marked confluent smallpox*. The distinct pustules were as large as peas over the entire back and abdomen; but the face, neck, palms of the hands, and even the soles of the feet, were one entire sheet of matter! Yet the mother had been entirely free from even the remnant of scabs for many days.

There is no part of Dr. Bell's treatise in which we have been so much interested as in the decided manner in which he speaks of the efficacy of vaccination. Some of his remarks on the supposed diminution of the vaccine protection by age, are here quoted:

"The popular impression is, that in a lapse of years after vaccination, the system becomes again liable to receive the smallpox. For reasons which it would be difficult even to conjecture, this limit has been placed at seven, at ten, and at twenty-one years. Even some respectable authorities have given a partial sanction to this idea. Dr. Leo Woolf, in Germany, has published a memoir on this subject, quoted by Dr. Eberle, in which he has adduced facts and reasonings to show that this influence is effaced by the constitutional changes which take place at the epoch of puberty; and Dr. Eberle, from facts which have come under his own observation, is inclined to believe that the prophylactic influence is gradually diminished in the system—though he considers it as absurd to set a definite limit within which the gradual subsidence of this influence is accomplished, 'since it may be supposed that idiosyncrasy, modes of living, and accidental as well as constitutional predispositions, and perhaps habitual extraneous influences, may give rise to much variation in this respect.'

"A constant endeavor for a number of years to collect facts in relation to this point, has as yet produced no evidence in my mind of any change from the lapse of time. I have seen repeatedly the modified form of smallpox occurring in individuals who were only just through a decided vaccine disease, and in others when twenty, twenty-five and thirty years have elapsed; which proportion of cases, recent or long standing, has obtained to the greatest extent, I can hardly say. Thus I can state generally from personal experience, that I see no reason for believing that any alteration of the prophylaxis occurs, either from time or the changes of puberty."

Though we have thus presented but an imperfect sketch, and that in outline, of the commencement of Dr. Bell's book, we anticipate a valuable manual of reference, alike honorable to him and useful to its readers. Whenever the whole is received, a further analysis may be expected.

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DR. JAMES HAMILTON.

DIED at Edinburgh, on the 27th of October last, Dr. James Hamilton, author of the well-known treatise on PURGATIVES, in the eighty-eighth year of his age. He was the son of a professor of Natural Philosophy in the University of his native city, and educated in the Medical School

of Edinburgh, when controlled by Monro, Cullen, Black and Gregory. Such was his unconquerable aversion to surgical operations, that he commenced practice as a physician, exclusively, yet he seems to have had but little to do in early life. Having become connected with the Royal Infirmary, most of his time was devoted to that institution. Strange as it may seem, with the advantages with which he began a professional career, he never enjoyed any reputation till after he had passed his fiftieth year. This is an encouraging fact, and quite in keeping with the proverb, "better late than never." At that period, his *Essay on Purgatives*, which has given him an universal notoriety in all civilized countries, was presented to the public. Such was the infatuation of the author, that finally, cathartics were of more importance, in his view, than all the world beside. Every evacuation must be inspected—and vessels in the infirmary were kept on hand so long to accommodate his convenience, that the nuisance was intolerable. For the sake of a pure atmosphere, it is said the nurses prepared occasionally the contents of the cloaca—and thus greatly puzzled the doctor. The deceptions, which not unfrequently consisted in mixing the dejections of different patients, to save trouble, as the doctor became tediously critical in his ocular inspections, produced some most laughable pathological conclusions, and ultimately convinced the students, that solemn as were the responsibilities of the physician, death was not always in the pot. Dr. Hamilton was a singular man. He never wore gloves in any weather—always slept with an open window—never gave anything for charitable purposes—and, though a bachelor, the Hamiltons were marvellously multiplied in Scotland in the course of his eighty-eight years of vigorous health. With much good sense, he was affected in dress, and stuck to a cocked hat—and wore it, too, in spite of all innovations, forty years after they were out of fashion. In personal appearance, he was a dapper little man, with a pleasant face, which served him well in making favorable impressions. His house adjoined the residence of Dr. Hamilton, the famous accoucheur, author of a system of midwifery—but as the one neither added senior or the other junior to his door-plate, it was productive of a vast many singular blunders on the part of customers. On the whole, Doctor Hamilton was a useful laborer in the field of medical discovery.

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*Operations for Medullary Sarcoma.*—Mr. Langstaff details an interesting case of medullary sarcoma in the right testicle of a child twelve months old. Castration was performed two months after the disease manifested itself, and when the tumor was of the size of a hen's egg. The child enjoyed good health for about four months, when a small tumor, about the size of a horse-bean, appeared beneath the scalp, near the posterior-superior angle of the left parietal bone, which soon acquired the magnitude and figure of an apple. There were no signs of cerebral affection, though the health of the boy began to decline. The patient lived only six months from the time the operation was performed. On opening the abdomen after death, a tumor was seen projecting into the cavity from beneath the posterior surface of the peritoneum, which was formed by several of the absorbent glands in the lumbar region, having been converted into medullary tubera. The left lung was also affected with medullary sarcoma. There was a tumor, of the size of the one described, on the internal surface of the parietal bone. Mr. L. also relates a case in which a morbid testicle was removed from a man aged 30, who reco-

vered, and two years afterwards was in good health. In the latter case there seemed to be a combination of carcinoma with scrofula. In reference to cancerous and fungoid affections, Mr. L. remarks that he has seen such unfavorable results after operating for them, that he is determined never to propose an operation, or again to perform one, in either disease, unless at the particular desire of the patient, and with his consent to abide by the consequences, without reproach to the surgeon.

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*Library of the Medical Sciences.*—The numbers of this excellent work are regularly published at Philadelphia, by Carey, Lea & Blanchard. It is hardly necessary to reapprise the reader that Dr. Hays is the editor, assisted by the first medical talent in America. We cannot refrain from urging upon our professional brethren, at all times, the importance of sustaining, by their most active patronage, this exceedingly valuable production. The article entitled *ARTERIES*, in Parts VIII. and XI. is actually worth, in a library, the entire cost of the whole series. Subscriptions will be forwarded with pleasure from this office.

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*The Milk Sickness of the Western States.*—An epidemic disease is well known at the west and south, under the names of "The Sick Stomach," and "Milk Sickness," which in its acute form often proves fatal in two or three days. It is marked by vomiting, constipation, thirst, a white tongue, diminished secretion of bile, and great muscular debility. Brutes are also thought to be destroyed by it when it prevails. Various causes have been assigned for this disease—such as malaria, a poisonous impregnation of the springs, poisonous plants, &c. A correspondent of the Western Medical Journal attributes it to the *Rhus radicans*, generally called poison vine. Many instances of poisoning by this plant are referred to, tending to prove its agency in the production of the disease, though the editor of the Journal referred to does not coincide with his correspondent in the poisonous qualities he ascribes to it.

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*Variation of Pulse from Local Affection.*—Dr. Elliotson mentions a case which is of rare occurrence, but which should be borne in mind by the practitioner when forming a diagnosis. A gentleman's pulse was found exceedingly weak on one side, and very strong and full on the other. From the languor, faintness, and other symptoms, it was judged that the weak pulse was that which indicated the true state of his system; and this opinion was corroborated by subsequently ascertaining that the other wrist was affected with acute rheumatism, which occasioned the full pulse.

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*Corrector of Opium.*—According to M. Puchelt, a German physician, the sulphate of soda is an excellent corrector of the unpleasant effects of opium, given in the proportion of a scruple to half a grain of opium. This dose may be repeated two or three times a day. In combination with Glauber's salt, opium, he says, may be administered in cases where slight plethora, local or general, prevents recourse being had to opium alone. In obstinate hæmorrhages principally, this mixture will produce the happiest effects. But if sulphate of soda prevents the congestion which opium sometimes produces, M. Puchelt says that there is another article which corrects its narcotic, without diminishing its sedative effects—this is the cas-

tor. The combination of opium and castor he considers very useful in cases of hysteria.—*Lond. Med. and Surg. Journ.*

*Safety and Success of Extracting the Cataract in old Age.*—Very lately we extracted a cataract from the eye of a woman sixty-four years old, which was followed by no more inflammation than was requisite to adhesion, although she had not been subjected to any previous preparation, either medicinal or dietetic. Last year we performed a similar operation on a man seventy-five years of age, who recovered in a favorable manner. Four or five years since we performed the same operation on a man seventy-four years old, whose eye became inflamed for a while, but he had long been subject to ophthalmia. About the same time we performed the same operation on a man in his eighty-sixth year, who in a week was able to see, and recovered with the least possible inflammation. From these cases we may infer, that violent and obstinate inflammation is even less likely to supervene on this operation, in advanced than middle and early life; a fact that should induce the friends of the aged not to abandon them to the gloom of total blindness in the evening of life.—*West. Med. Journ.*

*Medical Miscellany.*—An Asylum for the Insane is about being erected at Brattleborough, Vt. It is estimated that there are three hundred insane persons in that State.—Dr. Warren performed the very delicate operation of taking out the sternal extremities of two of the false ribs, on Thursday last. The thickening and sensibility of the periosteum rendered the operation somewhat tedious, but we believe the patient's life has been saved by the adroitness of the surgeon.—A new medicated plaster has been prepared by Mess. Jones & Palmer, druggists, of this city, which is well spoken of by practitioners. Both these gentlemen were regularly educated physicians.—The editor of the *Mercantile Journal* expresses his alarm that so many young gentlemen are studying medicine. "In the multitude of counsellors there is safety."—Dr. Oliver's treatise on Physiology is much prized by the profession. The title, *First Lines*, is a bad one, there being already a number of works upon the same subject with nearly the like cognomen.—An apothecary in this neighborhood has made a valuable discovery in relation to the preservation of leeches. He makes no use of clay, as a bed for them. The particulars will soon appear in the *Journal*.—Mr. Scott, of London, has taken out a patent for a new stomach pump and an enema machine. By a peculiar contrivance, the piston performs a double action, giving an uninterrupted current.—The mortality of Boston, in 1835, was 1914.—M. Andral is now delivering a splendid course of lectures on the diseases of the brain and nervous system. The first of the series has been received at this office.—The number of births of female children in England and Wales, for 18 years past, was 3,956,168—and the deaths, 2,297,966. The number of deaths, therefore, was 1 in 48 1-2.—Dr. Wansbrough, of Fulham, Eng. has published an account of a case of modified smallpox occurring twenty-two years after vaccination. We have among us many cases quite as remarkable. A respectable gentleman now living, who had the smallpox in Dr. Aspinwall's hospital, at Brookline, in 1785, had the varioloid in 1827. There has never, to our knowledge, been a death by varioloid in Boston.—A great fuss is made in England concerning medical contracts—in other words, about doctoring paupers. The visiting surgeon of the Milbank Penitentiary gets a salary of £300, and the



resident medical officer as much more ; consequently those who get nothing, rail most lustily against *physical* monopolies.—Dr. Physick has been elected President, Drs. S. Jackson and J. Parish Vice Presidents, and Henry Bond Treasurer, of the Philadelphia Medical Society.—Mr. Jones, the celebrated phrenologist, lectured at Lowell, the other day, in favor of the science, in opposition to a gentleman who spoke the week before against it. Both are said to have used ingenious arguments.—Prof. Silliman is expected to commence a course of lectures on chemistry, in this city, in February.—There is some prospect that the present mayor of Boston will make an energetic effort to have pure water introduced into the city from the country. What is the Committee of the Boston Medical Association doing in relation to this great object?—The editor of this Journal would like an interview with any medical gentleman who proposes to travel in Europe the ensuing season.—Dr. Harlan's Medical and Physical Researches constitute a volume of 653 pages, large-sized octavo.—Dr. Dunglison's excellent Medical Dictionary is going to a second edition, and very much needed.—Dr. Gerhard's new publication, at Philadelphia, seems not to have found its way to Boston, though many readers are waiting.—The following were lately appointed Vaccine Physicians in Philadelphia, for the ensuing year : Drs. Dunot, Zantzingher, McClintock, Bridges. Collectors of vaccine virus, Drs. Glading, Kerr, Porter, Feruller.—Part III. of the American edition of Copland's Dictionary, which has been so long delayed, is said to be nearly ready.

TO CORRESPONDENTS.—Dr. Fuller's communication on Midwifery, from Albion, Me.—Pathological Anatomy, from New Hampshire—Operations at the London Ophthalmic Infirmary—Medical and Charitable Institutions of Italy—and Dr. Harlan's splendidly executed volume of Medical and Physical Researches, from Philadelphia, are all on file, and will have immediate attention. The writer of the article signed W. W., is requested to forward his name, according to promise.—Chronic Aphthæ, by Dr. Swett, Ridgeway, N. Y., will be reserved for the commencement of a new volume of the Journal, week after next.

Whole number of deaths in Boston for the week ending Jan. 22, 36. Males, 20—Females, 16.

Of measles, 3—croup, 1—infantile, 4—typhous fever, 1—lung fever, 4—inflammation of the lungs, 2—consumption, 6—pleurisy fever, 1—intemperance, 3—old age, 1—bowel complaint, 1—inflammation of the bowels, 1—drowned, 1—dropsy on the brain, 2—decline, 1—child-bed, 1—disease of the head, 1—unknown, 1—disease of the heart, 1. Stillborn, 1.

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